



IFW

016PTO/SB/21 (04-04)

## TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Application Number	10/829,520
Filing Date	April 21, 2004
First Named Inventor	Juco, Eller Y.
Art Unit	Not yet known
Examiner Name	Not yet known
Attorney Docket Number	A8531/T53200

Total Number of Pages in This Submission

### ENCLOSURES (Check all that apply)

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Fee Transmittal Form                                | <input checked="" type="checkbox"/> Formal Drawings (Figs. 3A, 3B, 3C, 3D) (REPLACEMENT SHEETS) | <input type="checkbox"/> After Allowance Communication to Technology Center (TC)         |
| <input type="checkbox"/> Fee Attached  | <input type="checkbox"/> Licensing-related Papers   | <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences      |
| <input type="checkbox"/> Amendment/Reply                                     | <input type="checkbox"/> Petition   | <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)  |
| <input type="checkbox"/> After Final   | <input type="checkbox"/> Petition to Convert to a Provisional Application                       | <input type="checkbox"/> Proprietary Information   |
| <input type="checkbox"/> Affidavits/declaration(s)                           | <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address         | <input type="checkbox"/> Status Letter   |
| <input type="checkbox"/> Extension of Time Request                           | <input type="checkbox"/> Terminal Disclaimer  | <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):          |
| <input type="checkbox"/> Express Abandonment Request                         | <input type="checkbox"/> Request for Refund   | Return Postcard  |
| <input type="checkbox"/> Information Disclosure Statement                    | <input type="checkbox"/> CD, Number of CD(s) _____  |  |
| <input type="checkbox"/> Certified Copy of Priority Document(s)              | Remarks   | The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430. |
| <input type="checkbox"/> Response to Missing Parts/Incomplete Application    |   |  |
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### SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Townsend and Townsend and Crew LLP	Reg. No. 44,037
Signature	Patrick M. Boucher	
Date	July 20, 2004	

### CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Typed or printed name	Nina L. McNeill		
Signature	Nina L. McNeill	Date	July 20, 2004